REMAND TRANSMITTAL SLIP

TRANSMITTAL BY OFFICE OF HEARINGS AND APPEALS	DATE

TO: (NAME AND LOCATION)

HOCALJ: Upper portion to be
                                                 completed by typist
OHA:

FROM   BY

Office of Civil Actions
(claimant's name and SSN)

(wage earner's name and SSN)   (leave blank if same as above)

ATTACHMENT(s)

__ CLAIMS FOLDER (TITLE II)   ___ EVIDENCE
__ SSI FILE   ___ MEMORANDUM
__ DECISION OR ORDER   ___ TRANSCRIPT
__ APPEALS FILE   ___ RECORDING

_X_ OTHER (description) ___ COURT REMAND

REMARKS

(   ) A copy of the administrative record regarding
      remand proceedings is attached. We have
      requested the SSA component with the claim
      file to send it directly to your office. If
      you do not receive the claim file within
      20 days, telephone _____ and
      we will re-request the file.

(   ) The claim file in the above proceeding is
      enclosed.

(   ) The remand in this case has a court-imposed
      TIME LIMIT.

Please see the attached court remand flag.

RCALJ: